



MITT ROMNEY
GOVERNOR

KERRY HEALEY
LIEUTENANT GOVERNOR

TIMOTHY R. MURPHY
SECRETARY

PAUL J. COTE, JR.
COMMISSIONER

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Food Protection Program
305 South Street, Jamaica Plain, MA 02130-3597
617-983-6712 617-983-6770 - Fax

Food Export/Certificate of Free Sale Application

Date: _____

1. Food Manufacturer's Information:

Manufacturer Name				State License/Registration Number
Doing Business As Name (if other than above, and you wish this name to appear on the export certificate)				Contact Person's Name
Street Address				Contact's Phone and Fax Numbers
City	State	Zip	Country	Contact's Email Address

2. Exporting Company's Information: (if applicable)

Export Company Name				State License/Registration Number
Street Address				Contact Person's Name
City	State	Zip	Country	Contact's Phone/Fax/and Email Address

3. Notarization Required? ☐ Yes ☐ No

4. Product Description: _____

Continue on additional page(s) as needed.

5. Send Certificate to: ☐ Manufacturer ☐ Exporter

6. Send Certificate via: _____
Carrier Name (US Mail/UPS/FEDEX.) Account Number/Expiration Date

7. Fees: A fee of \$75.00 per Certificate is payable to Commonwealth of Massachusetts and must accompany each application. Please mail to above address, or if urgent, fax to 617-983-6770 in addition to mailing.

Quantity of Certificates Requested _____ x \$ 75.00 = \$ _____
Number Fee/copy

8. Signature: The undersigned verifies that all ingredients are approved for use by FDA or appear on the GRAS list, and each product is intended for human consumption and available for sale in the U.S. without restriction. I hereby certify that the above information is true to the best of my knowledge and that I will comply with all applicable laws and regulations of the Commonwealth of Massachusetts and the Department of Public Health pertaining to the activity for which I am applying. In addition, pursuant to M.G.L. C. 62C, § 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Signature _____ Title _____ Date _____ Tax or Federal ID# _____